

Date:

TO: **Certification Board of Nuclear Cardiology**

Name of Applicant:

Dr. _____ has completed training/experience in nuclear cardiology equivalent to the ACC Core Cardiovascular Training Statement (COCATS) 4 Task Force 6: Training in Nuclear Cardiology, revised 2015. This training was completed between the dates of _____ and _____ (mm/yyyy).

Dr. _____ has completed training that meets the national training requirements for independent sub-specialist practice of nuclear cardiology in _____ (country) between the dates of _____ and _____ (mm/yyyy).

The applicant _____ has completed **OR** _____ will complete national registration as a specialist in _____ cardiology nuclear medicine radiology in _____ (mm/yyyy).

The above-named applicant completed nuclear cardiology training more than seven years ago and has completed a minimum of 300 nuclear cardiology studies within the past 2 years.

Sincerely,

(Signature Required)

Name of Preceptor:

Title/Relationship to Applicant:

Institution:

Certified by (if applicable):

Certification #: